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United Nations Population Fund

Country programme document for Bhutan

Proposed indicative UNFPA assistance:	$3.0 million: $2.6 million from regular resources and $0.4 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2019-2023)
Cycle of assistance:	Seventh
Category per decision 2017/23:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.0	0.2	1.2
Outcome 2	Adolescents and youth	1.3	0.2	1.5
Programme coordination and assistance		0.3	0.0	0.3
Total		2.6	0.4	3.0

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I. Programme rationale

1. Bhutan is a young democracy expecting to graduate from the least-developed country status by 2023. Its economic growth has averaged around 6-7 per cent per annum and income per capita has reached $2,611. The Royal Government of Bhutan accords a high priority to the social sectors, in particular health and education.

2. The population of 760,000 is expected to reach one million, with over 55 per cent living in urban areas by 2050. Due to declining fertility rates and increasing life expectancy, the number of people in the age group of 65 years and above is expected to rise from 6 per cent to 17.3 per cent by 2050. However, with more than two-thirds of the population in the working age group, Bhutan currently needs to ensure productive employment opportunities for all, with the hope of harnessing a potential demographic dividend.

3. Bhutan has made remarkable progress in achieving a number of commitments made to the International Conference on Population and Development and the Millennium Development Goals. The maternal mortality ratio reduced from 560 in 1990 to 86 in 2012 and the fertility rate has reached the replacement level of 2.1. From 2012 to 2017, poverty declined by about a third, and the unemployment rate has fallen from 2.7 to 2 per cent. From 2005 to 2016, the infant mortality rate per 1000 live births fell from 40.1 to 30, while the under-five mortality rate fell from 61.5 to 37.3.

4. To continue to achieve its socioeconomic goals, Bhutan needs to address the poverty and inequality indicators that remain high at disaggregated levels. Across districts, income poverty rates vary between 1 to 32 per cent, and are considerably higher in rural areas (16.7 per cent) than in urban areas (1.8 per cent). Bhutan has incorporated most of the sustainable development goal targets in its next five-year development plan, which focuses on addressing the last-mile challenges that are preventing the country from graduating from the least-developed country category.

5. Bhutan is increasingly facing challenges for certain groups, especially adolescents and youth. Half of country's population is below the age of 23 years, and they face a range of social, health and development issues. The prevalence of sexual activity is high among adolescents aged 10–19 years, with 23 per cent among males and 10 per cent among females. Twenty-six per cent of women aged 20 to 24 years are already in union or married before they reach 18 years. The unmet need for contraception is higher among adolescents (27 per cent) than among the general population (12 per cent) and, as a result, the number of births per 1000 women aged 15-19 years is high at 28.4. The adolescent fertility rate is 77 per 1,000 women in rural areas and 30 per 1,000 women in urban areas, reflecting geographic disparities.

6. The coverage for comprehensive sexuality education in schools is low, resulting in limited knowledge among students on sexuality and adolescent health – over 55 per cent of students are unaware of the risks of unprotected sex. There has been a marked increase in sexually transmitted infections in the country. The small numbers of health centres offering adolescent-friendly health services severely limits the access of such services to young people. Enhancing provision of high quality sexual and reproductive health information and services for adolescents and youth is key to ensuring continuous progress on the results areas envisaged under the Twelfth Five Year Plan of Bhutan.

7. Bhutan slipped from a ranking of 93 in 2013 to 121 in the 2016 global gender gap index. Women scored lower than men in the education, good governance, community vitality and psychological well-being categories in the gross national happiness index. In particular, gender parity at the tertiary education level remains a national concern. Gender-based violence is widespread with three in ten ever-partnered women aged 15-49 years likely to have experienced physical and sexual violence in their lifetime. The number of survivors of gender-based violence seeking services at health facilities is increasing. However, most facilities are not well equipped to provide services and referral support to survivors.

8. Bhutan has made progress in enacting laws and formulating policies and regulations related to sexual and reproductive health, young people and gender equality.

However, the country faces challenges in ensuring their implementation. Inadequate human resource capacities and limited financial resources at the national and subnational levels hinder the translation of national policies into effectively implemented.

9. There is scarcity of data on sexual and reproductive health, especially related to the needs of adolescents and youth. Regular availability of disaggregated data has been affected by a limited data production capacity, and insufficient use of data for policymaking and development planning.

10. In recent years, climate-related disasters have increased in number and magnitude. While considerable progress has been made in building community resilience, key barriers to effective disaster risk management include limitations on data, financial resources and national capacity.

11. The sixth country programme was built on national priorities articulated in the Eleventh Five Year Plan of the Government of Bhutan, and was guided by the priorities identified in the United Nations Development Assistance Framework in Bhutan. UNFPA support resulted in (a) development of a national reproductive commodity security strategy; (b) adaptation of maternal death surveillance guidelines; (c) implementation of an International Confederation of Midwives based pre-service midwifery training curriculum at the Faculty of Nursing and Public Health; (d) institutionalization of life skills-based, comprehensive sexuality education in teacher training colleges; (e) establishment of YPEER initiatives and increased appreciation for youth-friendly health services; (f) an assessment of health sector responses to gender-based violence; (g) the integration of social issues into local level plans and programmes with advocacy support from the UNFPA Goodwill Ambassador; and (h) the successful conduct of the second population and housing census in 2017.

12. Lessons learned from the midterm review and the synthesis exercise of the various assessments conducted under the sixth country programme indicate the need to: (a) focus more on policy advocacy and knowledge management initiatives to achieve the UNFPA transformative results; (b) advocate for increased availability and access of adolescent girls and young people to youth-friendly health services and information; (c) improve availability and quality of data linked to specific programmatic areas and support the Government in monitoring the sustainable development goals; (d) step up intersectoral coordination to better respond to gender-based violence; and (e) expand partnerships with civil society organizations and religious leaders to positively change social norms on issues of sexual and reproductive health; and (f) strengthen monitoring and evaluation systems to better track progress.

II. Programme priorities and partnerships

13. The proposed seventh country programme (2019 – 2023) will focus on achieving access to sexual and reproductive health and rights, with a focus on young people. The programme is aligned with the priorities of the Twelfth Five Year Plan of Bhutan, the UNFPA Strategic Plan 2018-2021, the United Nations Sustainable Development Partnership Framework for Bhutan (UNSDPF 2019-2023), the Sustainable Development Goals and the International Conference on Population and Development. The priorities have been identified through a population situation analysis and stakeholder consultations, and are informed by the recommendations of the midterm review.

14. The priorities of the proposed programme reflect the comparative advantage of UNFPA as an effective advocate, convener and technical leader in supporting and advancing sexual and reproductive health and rights, including for adolescents and youth. UNFPA will adopt a gender-responsive and rights-based approach, and will focus on advocacy and policy advisory services as primary modes of engagement. UNFPA will work with relevant national partners and civil society organizations to identify and address implementation gaps in existing laws, policies and strategies so that adolescents and youth improve their access to sexual and reproductive health information and services.

15. In support of Government efforts to advance sexual and reproductive health and rights, the programme will provide technical assistance with a focus on those left behind,

including victims of gender-based violence, vulnerable urban dwellers, unemployed youth and persons practising risky sexual behaviour, in line with the Bhutan Vulnerability Baseline Assessment Report 2016.

16. The programme will make a direct contribution to the UNFPA transformative result on ending unmet need by focusing on access to contraception for adolescents and youth. This will be achieved by facilitating universal access to high quality sexual and reproductive health information and services; fostering integration of sexual and reproductive health services into national strategies and programmes; supporting the realization of reproductive rights, with a focus on adolescents and youth; and increasing the availability of high quality, timely and disaggregated data, especially on young people in relation to their attitudes towards sexual and reproductive health and rights.

17. The programme will focus on facilitating policy dialogue and the establishment of partnerships to leverage political support and domestic and external financial resources for advancing the sexual and reproductive health and rights agenda as an integral part of the national sustainable development agenda of Bhutan. Partnerships with the Parliament will be strengthened to monitor policy implementation and address gaps, including in relation to budgetary allocations. These efforts will be supported by an effective communications strategy to raise awareness and visibility of issues.

18. In support of national efforts to realize the demographic dividend, the programme will advocate for investments in employment and education for young people to reach their potential, as well as research on barriers that hinder young people's opportunities to fully contribute to intergenerational development solutions. The country office will collaborate with the private and non-profit sectors to mobilize or leverage resources to support adolescent and youth programme initiatives.

19. UNFPA will contribute to the implementation of the adolescent and youth empowerment components of the Twelfth Five Year Plan by partnering with key government agencies like the Gross National Happiness Commission, Ministry of Health, Ministry of Education, Royal University of Bhutan, National Commission for Women and Children, National Statistical Bureau and others. UNFPA will partner with civil society organizations, and academic and research institutions to gather evidence and to identify innovative solutions for engaging adolescents and youth.

20. UNFPA will implement the "common chapter" in strategic plans of UNFPA, UNICEF and UNDP, detailing the collaborative contribution to SDG implementation and supporting joint programmes to strengthen alliances and leverage resources in the context of Delivering-as-One. Joint interventions with other United Nations organizations include, among others, adolescent health (WHO), life skills education (UNICEF), gender-based violence (UN-Women), and production and use of data (UNDP).

21. While certain aspects of the programme in relation to advocacy, policy implementation, improving sexual and reproductive health service standards, and thematic analysis based on the 2017 census will have national coverage, interventions related to capacity-building, gender-based violence and comprehensive sexuality education will focus on priority districts, based on where the need is highest, in line with government priorities to address those most left behind.

A. Outcome 1: Sexual and reproductive health and rights

22. *Output 1: Increased national capacities to ensure universal and equitable access to high quality sexual and reproductive health information and services*. UNFPA will partner with the Government to identify and address gaps in policies and their implementation for the realization of reproductive rights, with a focus on young people. These will be achieved by (a) providing technical support to update and implement rights-based and gender-responsive policy frameworks, standards and training curricula to respond to existing and emerging sexual and reproductive health needs and priorities, including during humanitarian emergencies; (b) providing technical assistance to address bottlenecks, including those related to budget allocations for sexual and reproductive health and human resources for health; (c) creating an enabling

environment for adolescent sexual and reproductive health and rights; (d) strengthening the health system's ability to deliver high quality integrated adolescent-friendly sexual and reproductive health information and services; including addressing the unmet need for contraception; (e) supporting capacity-building of service providers, including female health workers to deliver integrated sexual and reproductive health services; (f) advocating for and providing technical support to strengthen data collection, analysis and its use, including generating evidence on patterns of adolescent pregnancy and early union and child marriage; and (g) addressing the special needs of women by advocating for a health sector response to gender-based violence within the context of a multi-sectoral response.

B. Outcome 2: Adolescents and youth

23. *Output 2: Young people, in particular adolescents are empowered with knowledge, skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being.* In addition to helping adolescents and youth to realize their right to sexual and reproductive health, UNFPA will promote policies and programme interventions that aim to build young people's skills and capacities to make informed choices about their sexual and reproductive health and well-being, including in humanitarian contexts. This will be achieved through (a) providing technical support to strengthen and expand rights-based and gender-responsive comprehensive sexuality education in schools and training institutes and life skills education in monastic institutions; (b) raising awareness of young people's right to sexual and reproductive health; providing technical support for the development and implementation of evidence-based gender-responsive strategies and youth-led initiatives to address different patterns of early union/child marriage and adolescent pregnancy, and harmful sociocultural norms and practices; and (c) supporting the generation and use of disaggregated data and evidence on the linkages between population dynamics, intergenerational issues and the realization of the sustainable development goals, with a particular focus on guiding multi-sectoral policies and programmes on adolescents and youth.

III. Programme and risk management

24. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. The accountabilities and responsibilities of managers and duty bearers at the country, regional and headquarters levels with respect to country programmes are set out in the UNFPA programme and operations policies and procedures, and the internal control framework.

25. National execution, through a harmonized approach to cash transfers, will be the preferred implementation modality, following appropriate risk and capacity analysis of potential implementing partners.

26. The country office will use national and international expertise as required and may seek technical, operational and programmatic support as needed. UNFPA will also explore opportunities to advocate for and facilitate South-South cooperation initiatives with other countries and regions.

27. The United Nations Resident Coordinator is the UNFPA Representative in Bhutan. The UNFPA Country Director, who resides in India, will oversee programme implementation, with office staff providing technical, operational and programme expertise to implement the programme.

28. Major risks for the country programme include (a) limited in country resource mobilization opportunities; and (b) changing national policy priorities due to declining fertility. In order to mitigate the risks, UNFPA Bhutan will implement a partnership and resource mobilization plan for the country programme, to broaden the sources of its funding and to leverage strategic partnerships, and including the private sector. The plans will be regularly updated to reflect engagement with government institutions, civil society and donor entities. UNFPA advocates for sexual reproductive health and rights

to be high on the political agenda, and will regularly engage senior government officials, high-level public advocates and development partners in country programme implementation.

29. In the event of an emergency, UNFPA will consult with the Government and may re-programme activities, especially for life-saving actions in humanitarian settings.

IV. Monitoring and evaluation

30. UNFPA and the Government, through the Gross National Happiness Commission, will manage and monitor the country programme, as per the UNFPA policies and procedures, using results-based management and accountability frameworks.

31. The programme will establish a monitoring and evaluation system, which will be part of a wider monitoring and evaluation system of the framework of the United Nations Sustainable Development Partnership Framework. UNFPA will participate in joint annual planning with other United Nations organizations and conduct joint monitoring with relevant United Nations partners.

32. Annual programme review meetings with national partners will assess progress towards expected programme outputs and any necessary adjustments will be made. UNFPA will identify and document good practices and share them with partners in the country and region.

33. The UNFPA country office will monitor the work of implementing partners to ensure effective programme implementation and achievement of results. It will undertake regular joint participatory reviews and monitoring and evaluation activities.

34. Where possible, UNFPA will use national systems for data collection, and seek to strengthen the national capacity for evidence-based monitoring and evaluation. Together with other United Nations organizations, the programme will help strengthen the capacity of the national statistics agency for better monitoring of the Sustainable Development Goals.

35. An independent end-of-cycle evaluation will be conducted in accordance with the guidelines and procedures of the United Nations Development Group and UNFPA.

RESULTS AND RESOURCES FRAMEWORK FOR BHUTAN 2019-2023

National priority: Enhancement of a healthy and caring society.
UNSDPF outcome: By 2023, vulnerable and unreached people access and receive quality health, nutrition, protection, education, water and sanitation services.
Indicator: (i) Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
Baseline: 65.6%; *Target*: 70%

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health Every woman, adolescent and youth, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence Outcome indicator(s): Maternal mortality ratio *Baseline:* 86 *Target:* 83 Percentage of women aged 15-49 years using modern methods *Baseline:* 65.6% *Target:* 70% Unmet need for family planning for girls aged 15-19 years *Baseline:* 27% *Target:* 12%	Output 1: Increased national capacities to ensure universal and equitable access to high quality sexual and reproductive health information and services	Output indicators: • Proportion of district hospitals offering high quality integrated adolescent-friendly sexual and reproductive health information and services. *Baseline:* 28% *Target:* 60% • Proportion of district hospitals with at least 3 service providers trained on rights-based and gender-responsive standards of contraceptive information and services. *Baseline:* 0% *Target:* 50% • Updated protocol for clinical management of gender-based violence implemented in selected districts to strengthen the health sector response to violence *Baseline:* No *Target:* Yes	Gross National Happiness Commission, Ministry of Health, Royal University of Bhutan, Khesar Gyalpo University of Medical Sciences, Jigme Dorji Wangchuck National Referral Hospital, National Statistical Bureau, civil society organizations, parliamentarians, United Nations organizations, media partners	$1.2 million ($1.0 million from regular resources and $0.2 million from other resources)
National priority: (i) Gender equality promoted and women and girls empowered. (ii) Quality of education and skills improved. **UNSDPF outcome**: (i) By 2023, government institutions provide equal opportunities for women and vulnerable groups. (ii) By 2023, the Government uses more reliable and timely data on people at risk of being left behind for evidence-based policy and decision-making. **Indicator**: (i) Adolescent birth rate. *Baseline*: 28.4; *Target*: 24				
Outcome 2: Adolescents and youth Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and rights, in all contexts. Outcome indicator(s): Percentage of women aged 20 – 24 years who were married before 18 years old. *Baseline:* 26% *Target:* 20%	Output 2: Young people, in particular adolescents are empowered with knowledge, skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being	Output indicators: • Proportion of training institutions and schools implementing rights-based, gender-responsive comprehensive sexuality education *Baseline:* 25% *Target:* 50% • Number of communities with high levels of adolescent pregnancy, implementing evidence-based programmes to reduce early and unplanned pregnancies and empower adolescents *Baseline:* 0 *Target:* 5	Gross National Happiness Commission, Ministry of Health, Ministry of Education, local governments, Royal University of Bhutan, Khesar Gyalpo University of Medical Sciences, National Statistical	$1.5 million ($1.3 million from regular resources and $0.2 million from other resources)

Adolescent birth rate per 1,000 women *Baseline:* 28.4 *Target:* 24		• Number of national, subnational and sectoral development planning documents that used evidence and data from the UNFPA supported census and demographic analysis. *Baseline:* 0 *Target:* 6	Bureau, monastic institutions, youth networks, civil society organizations, parliamentarians and United Nations organizations, media partners.	Total for programme coordination and assistance: $0.3 million from regular resources